



COMMONWEALTH OF KENTUCKY  
Public Protection Cabinet  
Department of Housing, Buildings and Construction  
DIVISION OF HVAC  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405  
(502) 573-0395 Fax (502) 573-1401



## APPRENTICE HVAC REGISTRATION FORM

Please type or print form. All questions must be answered for Division processing.

1. Name: \_\_\_\_\_  
Last First MI  
Address: \_\_\_\_\_  
(Street, Route or Box Number)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street, Route or Box Number)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Kentucky Licensed HVAC Contractor \_\_\_\_\_

Kentucky Master HVAC Contractor License # \_\_\_\_\_

3. Attach a signed passport color photograph:

\_\_\_\_ (Initial) I confirm that all information contained in and submitted with this registration form is current and true to the best of my knowledge.

Signature of Registering Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Photo

For Office Use Only

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Registration # \_\_\_\_\_  
Master Status \_\_\_\_\_

